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THE CANADIAN NURSE

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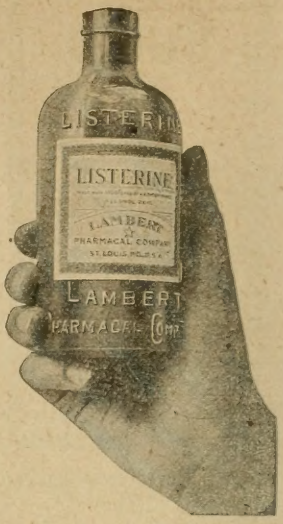

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THE

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Future of The Nursing Profession

By HELEN MACMURCHY, M.D.

An Address Given at the Annual Meeting of the Central Registry of Nurses, Toronto, November 20th, 1919

There is, perhaps, no profession which has had at once so short, and so great, a history as yours. There are people still living, at the age of four-score years, who have seen the rise, the progress, and the present position of the profession of nursing. It may be said to have been born in the time, and partly by the needs, of a Great War — the Crimean War. It has again, in the time of a Great War, shown itself possessed of the heroic spirit of the good soldier, even when the enemy brought the front line of battle into the hospital wards and operating theatres.

In one fortnight, from May 15th to June 1st, 1918, hospitals were bombed on seven occasions. Total casualties, 941. Casualties to the nursing staff: Five Nursing Sisters killed and eleven Nursing Sisters wounded. One of these hospitals was a Canadian hospital. It was in an area never used for military purposes. One of our Nursing Sisters was killed, one died of wounds, and four others were wounded.

As an English medical paper said, "The bright spot in all these horrors is the behavior of the nurses."

One member of the nursing profession will always be remembered among the great heroes of the War. Edith Cavell not only attained to the martyr's crown, but she has ennobled the ideals of the nursing profession and given womanhood a new glory.

"An Englishwoman—an English nurse, whose simple, straightforward life, clear as a radiant spring day, was passed at the bedside of the sick, in the tenements of the poor; a woman who only wished to have as her family the poor, the wounded, the old, the children, those who wept and those who suffered; a woman almost unknown outside her own intimate circle, and whose name suddenly, on the day of her death, and by that death itself, has been carried by glory far and wide, before time and space, to the highest place in the remembrance of mankind."—M. Leon Baylet, of Bordeaux.

Edith Cavell "raised our hearts to the level of sacrifice, and entered immortality with the numberless legions of those who have died for their country."

The Canadian nurse was not behind her brothers in answering the call in the hour of danger. Canadian Nursing Sisters went with the First Canadian Contingent in September, 1914, and 2,415 was the total number of the Canadian Overseas Nursing Sisters. Other Canadian nurses were members of different Overseas Nursing Services. They served well. Eight received the Military Medal, two the French Croix de Guerre, 52 the R.R.C. First Class, two with Bar, 187 the R.R.C. Second Class, 152 were mentioned in despatches, one received the O.B.C., and one the C.B.E. Forty-four died on active service, all but six of them overseas, and of these fourteen went down in the Llandovery Castle, one was killed in action, five died of wounds, and one was killed due to enemy action at sea in crossing from Ireland on the S.S. Leinster. These Sisters were true sisters of the Australian nurses, who, when the "Marquette" was torpedoed in the Mediterranean, refused to go into the boats first, saying, "Fighting men first"; of the South African nurses, who went down in the "Kenilworth Castle" near Plymouth, and of the nurses of the hospital ship "East Anglia," who said, "We have the right to be the last this time," as they helped their patients to safety—and of Edith Cavell herself.

What of the future of the nursing profession?

"Watchman, what of the night? . . . .

"The morning cometh."

There are two things which we can clearly see in regard to the nursing profession in the dawn of the New Age: First, a great and ever greater number of nurses are needed. As a doctor said the other day, "We never have enough nurses." And, second, new developments of the work of trained nurses are always appearing. In public health nursing alone, to take only one department, we have the tuberculosis nurse, the school nurse, the welfare nurse, the nurse in connection with

maternity centres, well baby clinics, and similar organizations; and the nurse whose field is in industrial work in great commercial activities, such as the factory, the departmental store, the large company with a system of stores, and many others. This work is developing very rapidly, and examples of this development will be known to every one present.

The War is won, and now we have to win Peace—peace at home and peace among ourselves, peace in your profession and in mine, peace in all parts of the community. It will take some winning. The nursing profession has developed so rapidly that it has had no time to consolidate its position—no time to organize—no time to standardize its education, and obtain the necessary legislation to protect the public and enable the profession to do its best for the public. This must be done as soon and as well as we can.

All professions have had the same struggle. No doubt many of you, on your way here this evening, passed a barber's pole with its red and white stripes. That pole reminds us that surgeons *have raised themselves* to their present noble eminence. The Hon. Sir Charles Russell recently stated, in an address to nurses in London, that one hundred years ago there were one hundred doors by which you could become a solicitor; but now the Law Society, which was in the beginning, and is still, a voluntary society, has established itself so firmly in public confidence that the legal profession occupies the very position hoped for one hundred years ago by the leaders of that profession. There is now only one door to the legal profession. It will be the same with your profession.

Shakespeare says:

"Naught shall make us rue,
If England to itself do rest but true."

And it is so with your profession. If your profession has the right spirit—the spirit of Florence Nightingale and Edith Cavell—nothing can harm you, and nothing can keep the nursing profession out of its great inheritance in the New Age.

It is indeed to be hoped that other professions for women will arise on the model of the nursing profession. One of the finest professions for women is that of the homeworker. But it is only now beginning to be spoken of as a profession, and it is still only on a level with the position the nursing profession occupied before the time of Florence Nightingale. All that is needed to place it upon a proper basis is the coming of a Florence Nightingale. But democracy cannot wait for leaders. If no great leader arises, you and I and all of us must unite our interest in this question and work hard at it, and think hard about it, until we do for the homeworker what Florence Nightingale did for the nurse. This will solve not only many of the difficulties of the organization of the home in modern life, but such sacred and secret and appalling difficulties as the decreasing birth rate, at least to some extent.

It will also solve some of the difficulties that the nursing profession is struggling with at the present time.

The chief needs of the nursing profession in the immediate future would seem to be three:

First—Education.

Second—Regulation of the conditions of work.

Third—A proper financial basis, which should follow at once from the other two.

Let us dispose of the last point first by a short quotation from Dr. Addison, the first British Minister of Health:

"Dr. Addison gave a very striking address at the opening of the session on October 1, 1919, at the Royal Free Hospital School of Medicine for Women. In particular, he laid great stress on the miserable remuneration given to nurses, 'who are paid less than cooks and scullery maids.' This declaration on the part of the Minister of Health ought to put good heart into nurses. It is clear that he recognizes the extent to which the success of his department depends on a well-paid, well-educated and efficient nursing service. The wastage due to ill-health in every branch of national work (270,000 workers annually on the sick list) can only be reduced by the ceaseless vigilance of nurses working under the medical officers of health; and it is so obvious as to be generally overlooked that nurses who are overworked and ill-paid, who are drudges instead of active coadjutors, can only add to this deplorable state of affairs, instead of helping to remedy it."

—*The Hospital* (London).

It should, perhaps, be mentioned that the British nurse, at least in the past, has not been as well paid as the Canadian nurse. In New Zealand it is now proposed that probationers should be paid £52 per year, and in South Africa that they should be paid various sums up to £30 per year.

In regard to education, we see, first of all, that professional opinion and public opinion is moving in the direction of the standardization of the education of nurses, and that the standard is a rising one. Methods of affiliation to meet the needs of the smaller hospitals, which are so important, especially in a new country like this, are being considered. Another instance of the opening of a wider field is the great progress that is being made in the care of mental cases; and I wish that your Registry would, at an early date, establish a short series of popular lectures on this subject. It would be a great boon to the community, and I am sure that all interested among us in regard to the care of such patients, would be only too glad to assist you. Early diagnosis, frequent cures and brilliant results are coming in this field, but they cannot come without the help of the nurses.

The second great thing in regard to the education of nurses is that

it should be properly organized according to a just, reasonable and humanized system.

And, thirdly, the education of nurses needs to be recognized, as it is already in the Province of British Columbia and some other provinces, by University and Government authorities.

In regard to the regulation of the conditions of work, perhaps the time has come when we should aim at more flexibility and more consideration—more "give and take," as it were, and less rigidity. We can be *too* hard and fast. For example, in London some of the best hospitals are now allowing the V. A. D., whose work in the war has been so good and so helpful, one year off the three years' course if she goes into the hospital for training.

In this connection I would also draw your attention to two valuable bulletins issued by the American National League of Nursing Education on the eight-hour day for nurses. These bulletins may be obtained for a small sum from the secretary of the National League of Nursing Education, Columbia University, New York City. Perhaps the following note from Australia might be of some interest:

"An interesting report on nurses' hours has been issued in Melbourne by the Chief Clerk of the Treasury, who was charged with the task of investigating various charges of overworking nurses which have been levelled against the public hospitals. It appeared that the hours on duty, exclusive of meals, vary in the public hospitals, respectively, from ten- and a-half to eight by day, and from eleven to seven- and three-quarters by night. It was recommended that the eight-hour system should be tried, and that a record of the hours actually worked by the nurses should always be kept, and be produced if required by the Inspector of Charities. It was also recommended that a conference of matrons, superintendents and metropolitan hospitals should be held, with a view to preparing a uniform curriculum, and that nurses be relieved, as far as possible, from the performance of purely domestic duties."

A twelve-hour day is too long.

There is a principle that helps to keep us right in the medical profession. We say, "Is this the best thing for the patient? Then I must do it." This principle is of wide application, and, while every case must be judged on its individual merits and there are few rules that have no exception yet this simple rule is a good guide.

All our work in the end comes back to the question of personality. It is what we *are* that makes the difference, and *we must take pains with ourselves*. We all need in our lives "a little pleasure, a little leisure, and a little treasure"*; and it is the use we make of these glorious needs, and especially the spirit we put into our work, finishing up every day's task as if it were a work of art—it is this that will make the difference to the spirit of our lives. The spirit is the life.

* Archdeacon Cody

Members of the nursing profession, what a great heritage is yours! When the call came for nurses to go overseas, did you ever realize how other women who wanted to go, but who had not the training, and, therefore, could not go to serve overseas as nurses, for three years, at least, until they had taken that course of training, looked with longing, if not with envy, at the nurse who was trained and ready to go?

Overseas service is not the only thing. It is the every-day work—the so-called "little things," which are not forgotten either by your patients or by your God.

Miss Gillan, Sister Tutor at St. Thomas' Hospital, in an address delivered at a recent London conference on the higher education of nurses, referred to "reverence for those thousand and one details, independent of ordered treatment, that minister to the patient's well-being and happiness, and grow out of example rather than precept, and form the intangible 'something' that distinguishes our British nurses all the world over."

Think again of the eloquent words of M. Baylet. If we "wish to have as our family the poor, the wounded and the old, the children, those who weep and those who suffer"—if we look on our patients as we would look on our own children and nurse them as the Good Samaritan nursed his patient, the future of the nursing profession is assured.

Report of French Flag Nursing Corps Committee of the C.N.A.T.N.

In the early days of the war the Canadian National Association of Trained Nurses raised funds to send nurses to France under the French Flag Nursing Corps. A war committee was formed by the Canadian National Association of Trained Nurses. In the spring of 1919, the last Canadian nurse serving under the French Flag Nursing Corps returned to Canada. The work completed, and the war committee had a bank balance of $169.87.

It was decided at the annual meeting of the Canadian National Association of Trained Nurses that this money should be used for the benefit of the French people, as it had been collected for that purpose. Accordingly it was sent to Miss Annie I. Browne, a graduate of the Toronto General Hospital, who had gone to France to help in reconstruction work. Miss Browne was appointed supervisor of the orphans at the Orphelins de la Guerre, Vieille Chapelle, Marseilles, France.

The committee felt satisfied that the money could not be used to better advantage than by purchasing necessities, and perhaps a few luxuries, for the little orphans.

HELEN LOCKE, Convener.

The Nationalization of the Canadian Nursing Orders

By Mrs. Garland Foster

Address given before the Women's Institute, Creston, B. C., March, 1919

Of all the questions under discussion in Canada to-day, the public health is really the most important, and only at this late day is being considered a matter for Federal control.

If the war has taught the people of Canada anything, it must have taught them the value of organization. Heretofore in an individualistic age, Canadians, whether from national peculiarities or a lack of national ideals, have been the most individualistic people in the world. That this peculiarity should extend to their institutions is not strange, but, while displaying the proficiency of the individual, has in the end limited the general efficiency. Anyone studying the history of war effort in this country will realize that there was much overlapping of the different activities for some time, and only after four years are the wheels of organization beginning to run smoothly and evenly.

In an effort to utilize all the varied efforts for war work, too many societies were formed without being directly responsible to one central organization. Indeed, some of the orders were in a sense not Canadian orders at all. In England the British Red Cross and St. John's Ambulance societies were united to save overlapping, and practically worked together, but they were quite distinct from the Imperial nursing orders. The Canadian orders of the same names and similar aims were modelled after the British Red Cross. The instructions issued to the Canadian societies were those followed by the original societies and were those in vogue at Guy's Hospital thirty years ago, in spite of the fact that advances in surgery might call for a difference in dressings, even without taking into consideration the different demands made by Canadian and American trained surgeons.

A very good story used to be told of a famous surgeon who returned a supply of elaborate dressings to one society in England, saying that they were too good for his work. As a matter of fact, the simpler the dressings, the more suitable they were for the varied demands of field work.

The Red Cross and St. John's Ambulance societies of both countries did good work; but the question is, would the Canadian orders have done even more effectual work and more national work if they had been organized under the government control to supply the needs of the Canadian Army medical service?

It is now proposed to scrap much of the elaborate and expensive machinery of the war. Among others, the medical service will go. After four years and more of service, this department has developed a

great degree of efficiency; and, at considerable cost to the State, has trained specialists in every department of its service. In medical research, in dietetics, dental surgery, therapeutics, hydrotherapy, massage and electrical treatment, there will return to Canada a band of experts whose services as a unit might well be retained for the care of the public health.

One of the problems of demobilization is that the men mustered out must be absorbed into work so different. This difficulty does not apply in the same measure to the medical units.

It should be possible, under a Federal department of health, to use the experts of the medical service in research work for the nation, and so conserve the national health. If discharged as individuals, these experts may be distributed through the country; but their skill, divorced from the equipment and stimuli of co-operative endeavor, may not thereby be most effectual.

Under the central organization might be grouped the varying activities of the war: the Red Cross, St. John's Ambulance and the Victorian Order of Nurses. It would, of course, be necessary to separate the former from the mother orders, and the Victorian Order might need to be shorn of its Royal charter. It is true the Victorian Order may not properly be termed a war activity, and yet very excellent war work has been done by this order in looking after military families.

With all the organization evolved during the war, no society in Canada, either municipal, provincial or Federal, was prepared to cope with the situation at the time of the Halifax disaster. Indeed, the Victorian Order was the only Canadian organization prepared to undertake any of the work, and, with the limited means at its disposal, did very excellent duty, especially in maternity work. Many volunteer helpers arrived—some who helped and some who hindered. But in record time there arrived from the United States a train fully equipped with doctors, specialists, nurses, and supplies. What was there to prevent a Canadian expert going to the scene of the disaster with a fully-equipped Federal organization?

With so many potential citizens lost to Canada through the war and the influenza epidemic, it is time that the public health became a national interest. There is proposed a Federal health department; but just how complete the organization, or just how wide its scope, does not appear at this time. It is to be hoped that it will be conducted on broad lines, and will include the provincial boards of health in such a way as will effectually do away with the petty professional jealousies which have so long handicapped the medical profession and menaced the health of communities.

With the army medical units, to take over central research and pathological work, might be correlated hospitals, where special cases might be treated and advanced training given to doctors, nurses and orderlies in the required subjects—really colleges of nursing, where de-

grees would be obtainable. Such hospitals even now exist in the hands of the Soldiers' Civil Re-establishment; and there seems no valid reason to limit their activities to soldier patients, when the aim of these institutions is civil re-establishment.

It should also be possible for this department of health to periodically run hospital trains equipped for purposes of instruction. Agricultural trains cross the country at intervals for this purpose, and why should it be more of an innovation to run hygiene trains for the benefit of the race? Instructional courses might include cinema exhibitions, with demonstrations on the care and feeding of infants and children, on the care and treatment of tuberculosis and other infectious and contagious diseases, and the principals of disinfection. True, many of these matters are now taught in the public school; but a large percentage of our citizenship is not made in the public schools, or leaves too early, and a uniform standard of health and cleanliness cannot be expected.

Too many infants are yearly lost through a lack of care in country and village, as well as city, even if the Spartan treatment for the survival of the fittest is the standard. There exists a belief that the mere accident of parenthood bestows on mothers and fathers the ability to care for the bodily welfare of their offspring, resulting in first children becoming subjects of experiment for the benefit of subsequent members of the family. No other profession would be recognized that spent its first years in a series of empiric experiments.

The principals of evolution state that it takes years to transmit individual characteristics; but certainly it is a self-evident fact that nervous and overwrought mothers invariably have nervous, high-strung children. The question of endowing motherhood is an old one, and doubtless has much to recommend it; but probably the systematic training of fatherhood would be more beneficial and less expensive.

We cannot, of course, expect the health millennium to occur at once, even under Federal control; but a number of societies, all working together for the same end, might better be parts of one great whole. New departments are in process of formation to deal with diseases among returned soldiers, making the public feel that the war has resulted in a number of new diseases, when what really happened is that a systematic inspection of one portion of the population has revealed the actual health conditions of the State. With the army organization applied to the general health conditions, there should be no need of a separate department of social hygiene. With all the nursing organizations closely connected with the central government headquarters, there would be no overlapping of endeavors. A life membership in the Red Cross might then mean something, and the society could still carry on its municipal and provincial activities, and yet provide for disasters and war under its Federal organization. In the same manner Canadian St. John's Ambulance might train and provide voluntary workers, both men and women, who would be available in emergencies and epidemics. The

Victorian Order could still continue general district and maternity work unhampered, having added perhaps a department for male nurses and attendants, who would be able to respond to calls in camps, mines and factories, and be on call in cases of mining and railway disasters.

New Public Health Programme for Halifax, N.S., and Dartmouth, N.S.

By Clara B. Bligh

Public health nurses throughout the United States and Canada will watch with a great deal of interest the health centre development and the whole public health programme for the city of Halifax, N. S., and the town of Dartmouth, N. S.

Following the disaster at Halifax and Dartmouth in December, 1917, a large sum of money was contributed for relief work by the citizens of Massachusetts. The prompt response with fully-equipped Red Cross relief trains, followed up with large sums of money, is a matter of social history. It is not generally known that a balance of approximately $250,000.00 was unexpended at the time the Canadian Government Relief completed its organization for the memorable piece of work carried out under Government supervision. The New England custodians of this balance felt that, as it was contributed for use in Halifax and Dartmouth, it should be expended for substantial relief or reconstructive work in these communities. In anticipation of an increase in death rates and disease rates during the years following the stress of war; the terrific shock from the explosion when munitions ships blew up in the harbor, killing 1,800 citizens; the great overcrowding following the destruction of thousands of homes; and appreciating that this overcrowding was sure to continue for several years, perhaps until building materials have dropped in price, the original Massachusetts Relief Committee (New England branch) readily consented to have these remaining funds spent in a constructive public health programme.

With this thought in mind, and after a careful study was made by Dr. Victor G. Heiser, of the International Health Board, the Massachusetts fund was apportioned at the rate of about $50,000.00 a year for constructive public health purposes: the Massachusetts moneys to be supplemented by $15,000.00, annually, from the Halifax Relief Commission, and $5,000.00 each, annually, from the city of Halifax and the Provincial Government. This total fund gives approximately $1.00 per capita per year for public health purposes, and makes it available for a period of five years. The usual local public health fund will, of course, be expended in addition to these special funds.

The Legislature of Halifax, during the latter part of the session of 1918, by special Act provided for incorporation of the Massachusetts-Halifax-Health Commission. Its organization includes Mr. G. Fred. Pearson, chairman; Hon. R. G. Beazley, vice-chairman; Judge W. B. Wallace, W. H. Hattie, M.D., H. A. Payzant, M.D., T. S. Rogers, K.C., M. A. Macaulay, M.D., H. R. Silver, and J. L. Hetherington.

In October, 1919, the commission completed its organization, and, on the advice of Dr. Heiser, adopted a general plan of public health education and public health nursing, radiating from modern health centres in which will be conducted preventive medicine and educational clinics.

The commission plans to organize two such health centres in the city of Halifax and one in Dartmouth, and to greatly augment the present public health educational facilities of these communities by increasing the staff of public health nurses. These nurses will carry educational work into the homes, as well as to conduct such work in groups in the centres.

The Massachusetts-Halifax Health Commission will also help further a plan of the Provincial Red Cross and Dalhousie University to organize in Halifax a school for graduate nurses to receive training in public health work.

Dr. B. Franklin Royer, for a period of ten years associated with the Pennsylvania State Department of Health, and, for a year following the death of Dr. Samuel G. Dixon, the acting Commissioner of that State, has been selected as the chief executive officer of the commission, and in this capacity will have immediate charge of working out the details of the organization and in planning the educational campaign.

At the present time the various co-operative agencies, such as the Victorian Order of Nurses, Anti-Tuberculosis League, the St. John Ambulance Association, the Halifax Welfare Bureau, the School Medical Inspection service, and the various other Halifax organizations in the town of Dartmouth are heartily co-operating. It would seem that these two communities are about to demonstrate to the world what can be done with a liberal public health fund, expended in the most efficient manner, in communities greatly handicapped by almost unsurmountable housing conditions. The nursing profession will watch this experiment with great interest.

Quick Work

At the Ford Company's works in Trafford Park, Manchester, it is claimed that British workmen assembled a Ford car in eleven minutes, well ahead of anything achieved at the works in Detroit. From the moment the assembling of the different parts starts the car is on the move until it runs out at the far end of the works under its own power, with a driver at the wheel.

The Etiology of Pulmonary Tuberculosis

Miss E. Macpherson Dickson, lady superintendent of the Toronto Free Hospital, Weston, writes to direct the attention of nurses to some interesting experiments on "The Etiology of Pulmonary Tuberculosis," recently published in an interesting article by Lawrason Brown, Petroff and Pasquera, in the *Journal of the American Medical Association*, Vol. 73, No. 21, which contains much that should be of value and interest to nurses in general.

In succession, these writers studied the dust of rooms, the telephone receivers, the eating utensils, the infected hands of patients, the saliva, the transmission by kissing, the infection of toothbrushes, and the danger of flies and of coughing in tuberculous infection for guinea-pigs.

Dealing first with the dust of rooms: The dust collected by a vacuum cleaner from a large rug in the living-room was negative on injection into a guinea-pig. The same result was obtained with the dust from a room in the infirmary occupied by a patient with numerous tubercle bacilli in the sputum and a cough so explosive that the mouth was rarely covered. Notwithstanding these results, they again investigated the subject and chose only rooms occupied by patients with severe cough and many tubercle bacilli in the sputum. Dust was collected before the daily cleaning by swabbing with sterile swabs the bed, tables, bed frames, corners of the rooms and walls near the patient. The swabs were washed in sterile broth, the washings treated with normal sodium hydroxid, incubated for one-half hour, then neutralized with normal hydrochloric acid, centrifugalized, and the sediment divided into three portions. Of these portions, one was inoculated into gentian violet mediums, another was stained in a slide for microscopic examination, and the third was inoculated subcutaneously in the inguinal region into guinea-pigs, two for each swab. In all, twenty-four animals were used.

The twenty-four guinea-pigs, inoculated February 9, 1916, were killed forty-one days later, and all organs, except a few enlarged bronchial glands and spleens, appeared normal microspically. The suspected organs were macerated and inoculated into a second series of guinea-pigs, March 22, 1916, which were killed April 27, 1916, and were all negative for tuberculosis.

They then investigated the dust of two rooms in Saranac Lake village, formerly occupied by two patients, both long since dead—one a young colored girl, the other an advanced case. Both had numerous tubercle bacilli and violent coughs. The results were also negative. Since that time the sister of the colored girl, who nursed her, has developed pulmonary tuberculosis.

The mouthpiece of the telephone, used in common by the patients at Trudeau, was carefully swabbed out. The results of inoculation were also negative.

Thinking that infection by inhalation might prove more efficacious, they constructed a special glass box, in which a guinea-pig was placed and kept in a definite position. This box was then attached to a vacuum-cleaning apparatus, and dust drawn through it for one-half hour. The three guinea-pigs used were not infected.

The plates, cups, glasses (water and milk), forks, spoons and knives of patients who had numerous tubercle bacilli in their sputum were studied immediately after breakfast. Particular attention was paid to those parts of the cups and glasses that come in contact with the lips. For purposes of study, plates and knives, cups and glasses, and spoons and forks were grouped together. Swabs were used and treated as in the first study. With the exception of two glasses (as noted above) and two spoons, one each of the utensils mentioned was studied for each patient.

The spoons, forks, glasses and cups were contaminated with tubercle bacilli, while the knives and plates remained free. In each necropsy a small portion of the spleen and the pus from the glands were used for smears, and the acid-fast organisms were demonstrated.

As Price had previously proved, ordinary washing and rinsing in very hot water is sufficient to sterilize these utensils.

Two patients with abundant sputum loaded with tubercle bacilli were instructed to cough hard and frequently on their hands, which were then washed in a small quantity of sterile water. The entire wash water was then injected into guinea-pigs, two for each patient. At necropsy generalized tuberculosis was found in all four guinea-pigs.

An attempt was then made to infect the hands of a second person by hand-shaking and a doorknob by rubbing it with the infected hand. After coughing on the hand, the patient immediately shook hands with a person whose hands had been previously cleansed. The hands of the second person were washed, as previously described, and the entire wash water injected subcutaneously in the inguinal region into four guinea-pigs, all of which remained free from tuberculosis.

A patient with positive sputum was made to cough several times into his hands and rub his hand over a doorknob previously sterilized. The doorknob was washed with sterile physiologic sodium chlorid solution, and this was injected subcutaneously in the inguinal region into two guinea-pigs, January 26th, 1916. At necropsy, June 3, the guinea-pigs showed no tuberculosis, and the slides stained by carbolfuchsin and the gentian violet mediums inoculated were all negative.

Before studying the danger of transmission of tubercle bacilli through kissing, it was deemed advisable to study the saliva. The saliva of two patients with numerous tubercle bacilli in the sputum was collected in a sterile container just before coughing and inoculated subcutaneously in the inguinal region into two guinea-pigs. At necropsy both showed extensive tuberculosis.

The lips are constantly moist with saliva and frequently contaminated with sputum. To prove transmission of tubercle bacilli to the object kissed, a patient with many tubercle bacilli in the sputum was instructed to kiss a sterile Petri dish which was washed with sterile physiologic sodium chlorid solution and inoculated, as previously described, into guinea-pigs. The guinea-pigs inoculated with the washings from plates kissed, some immediately after and some ten minutes after coughing, developed generalized tuberculosis, while those inoculated twenty minutes after coughing remained free from tuberculosis.

The toothbrush of a patient with tubercle bacilli in the sputum was washed, immediately after it had been used by the patient, in 2 c.c. of sterile physiologic sodium chlorid solution, which was injected subcutaneously in the inguinal region into two guinea-pigs. One guinea-pig died in three days, and the other, examined at necropsy, showed marked tuberculosis.

Many have definitely proved that flies fed on tuberculous sputum are contaminated with tubercle bacilli and deposit specks that contain tubercle bacilli. To verify this, we placed three flies in a large sterile baker and fed them on sputum containing many tubercle bacilli. The flies apparently developed diarrhœa and deposited soft white specks, forming large circles, which contained, on examination, tubercle bacilli. A study of the bodies and wings of the flies by inoculation into guinea-pigs showed that they were generally contaminated with tubercle bacilli, for all the guinea-pigs developed generalized tuberculosis.

By other experiments they showed that guinea-pigs fed on food which had been contaminated by these flies did not develop tuberculosis. This seems to show that, while flies may not be a serious menace through contaminating food, they would be a serious source of danger to infants if allowed to contaminate them directly.

These writers do not claim that these few experiments should be looked on as proof positive in a matter so important.

They belittle the danger of the dust of rooms in a health resort, from telephone receivers, the danger from properly cleansed eating utensils, the danger from infected hands through handshaking or from knobs of doors, the danger of transmission by infected flies (at least in guinea-pigs).

On the other hand, they emphasize the danger of transmission of tubercle bacilli by kissing, or the transference of the tubercle bacilli to eating utensils, and thence, if not cleansed, to a second person.

The writer of this summary wishes to emphasize that this evidence is in accord with the modern conception that tuberculosis is transmitted by intimate contact with the tuberculosis, only when the usual precautions are not observed, and that, as children are particularly susceptible, the greatest care should be taken to keep infants and young children from coming directly in contact with those who are tuberculous.

Office Nursing

By Mrs. Pearl Rogers Jones, R. N.

When one has done six years of listening to the stories of Johnnie's broken arm, Mary Elizabeth's whooping-cough, and mother's capital operation, it is a bit difficult to determine which phase of office work would interest others. Yet it is interesting, from many different angles.

Perhaps it would be well to give my own first impression of a doctor's reception-room as it appeared from the inside of things. When I looked in during the office hours, the room took on the dimensions of a large reception hall crowded with people, into which I must go and get the name and address of each individual. This now seems an easy task, and the room has long since reduced itself to normal size; but to those who have never attempted it, let me say it has its drawbacks. There is always the patient who smiles serenely and says, "Oh, he knows me"—as if that would be sufficient for office records. Then there is the timid little lady who perhaps has never consulted a physician before, and is frightened to death, and it takes some encouragement to get her voice to a place where it can be heard at all. Then, too, there is the ever-present agent—selling surgical or X-ray appliances or perhaps books. If it chances to be the doctor's busy day, it is no small trick to get him out of the office without seeing the doctor and still in a good humor toward you and the office in general. This is not always the work of a nurse—to list the daily patients, but in the average case it is.

The greatest lesson to be learned perhaps from this work is the personal or individual side to each case. To those of the profession, it is just another "arm-case," "fracture-case," or whatever it may be, but to the person injured or ill it is a life-event—something to be talked about for many a month to come; each incident during the illness seems to impress itself indelibly on the mind of the patient or the patient's family, and it is a topic of conversation among the neighbors for many months to come—no mother is happier than when she is saying, "When Jack was ill the nurse said, etc." For this reason one must put her heart into her work and do all in her power to make the impression thus made a good one. To remember the patient's name the second time she enters the office without again asking it, to remember whether the last baby was a boy or girl or perhaps the baby's name and what his last illness was seems so small a thing to do, yet it creates an atmosphere of interest and warmth in the doctor's office, and, we hope, makes the patient feel that we are not merely machines through which the health of the public is attended to, but that we really have their welfare at heart.

The industrial accident case must be met with in a little different manner, but with the same idea in mind. Many of the men get the

impression that the doctor to whom they are sent is rough-shod—that accidents are of such common occurrence that the doctor rushes them through the quickest way. It is for the nurse, to a great extent, to take this idea from his mind—to carefully remove the dressing without seeming to hurry; to make some little remark, as she does so, that shows him that he is separate in her mind from the man who was taken into the office ahead of him. These are little things in our lives, but add the spirit of human kindness to our work.

Along this same line we might say a word about the sacredness of our trust. The nurse, whether office or in private duty, necessarily comes in contact with people's closest secrets. The greatest joys and greatest tragedies of people's lives hang upon their health or disease. When it is necessary for them to take us into their confidence regarding these matters, let us regard what they tell us so far as possible in the same light that they hold it. Many a home could easily be wrecked by repeating what comes to us through the duties of our work, and many a person could be made unhappy by a chance remark regarding hospital care or treatment. To use an example from an out-of-town hospital: A friend of mine came to me in great distress regarding the death of her mother, who had died during a major operation. Their grief was great enough when they believed this death unavoidable, but the remark of some nurse came back to them from the hospital that the "doctor had lost his head during the operation and was responsible for her death." I am not acquainted with the doctor, and defend him for no personal reasons. But I do know that that remark has done no good in the world, it has not brought the mother back to life, and has instilled a doubt and distrust in that family against all of our medical men. Such incidents often come under our attention in office work, and make us feel that we should as nurses be doubly cautious of what we say of our work to the laity.

Amongst other duties, it often falls to the lot of the office nurse to call the special nurse for the patient. She soon learns which ones it is a pleasure to call—which are careful to leave correct 'phone number and to go off call when out on a case and who will go willingly for the sake of accommodation even if the case is not of her choosing. The influenza epidemic of last winter brought many such points to light. The nurse who 'phoned to say, "Tell the doctor he need not call today, we are doing nicely out here," was certainly a friend in need. And we found many heroines among your own number whose good deeds are coming to light. There are doubtless few of you who know that one of our members nursed an entire family with neatness and dispatch, and, when the house caught fire, carried them to the neighbors, put out the fire, and returned them all to their beds without much more ado than it takes to tell it. These are times when we are proud of our sister nurses.

To summarize—the work of an office nurse embodies neatness, the ability to nurse, to meet the public, to be systematic and to keep records.

On this latter phase I have said little; but, for the office where a secretary is not employed, shorthand and typing are a great advantage. Courses in laboratory and X-ray work would also be advantageous. There are many other phases that might be brought out; but I have merely tried to bring before you a few thoughts that might interest you, and help you in seeing the nursing field, as viewed from the office nurse's standpoint.—*The Pacific Coast Journal of Nursing.*

CARELESSNESS IN MARKETING

Booksellers state that one of the first essentials in introducing a new novel is an attractive cover.

This same consideration holds good no matter in what line of commerce it may be applied. Two market gardeners stand side by side. One has his vegetables washed, neatly trimmed: if necessary, tied up in bunches, and in every way presentable. The other has economized in time at home, with the result that his supplies are anything but appetizing. In competition with his careful and cleanly market neighbor, he always loses. His rival will secure better prices and will be sold out much earlier.

Canada produces more than sufficient for the wants of Canadians. One thing is often lacking, however, and that is attractive marketing of the product. In many cases imported fruits and vegetables are being sold, to the detriment of local products, due entirely to the lack of appreciation of the selling value of appearance.

The green vegetable season will soon be in. If this produce is is presented in attractive condition it will greatly increase the sales, thus reducing to a large extent the large amounts which annually go to waste. The results would be worth the effort.—J.D.

Personal Property Not Taxable

Lane's kink.
Fischer's solution.
McBurney's point.
Abderhalden's test.
Murphy's drip.
Reed's epilepsy bacillus.
Jackson's membrane.
Bevan's S-shaped incision.
Charcot's joint.
Ewald's breakfast.

Training School Requirements

By Victoria Winslow, R.N.

Read at Edmonton Meeting of the Alberta G.N.A., October, 1919

In attempting to say anything on "Training School Requirements," I may say that I only hope to touch on a few points in a very general way.

A training school for nurses is invariably connected with a hospital. We do not recognize the so-called "correspondence schools," because it is quite impossible for anyone to receive training without practical experience. A hospital is a public service institution, irrespective of whether it is publicly or privately owned; and just as soon as it assumes the serious responsibility of the treatment and care of the sick, the public has a right to demand that the care and treatment is efficient; and just as the hospital is a public service institution, so is the training school connected with it. Our laws should protect us from anything that is a menace to our well-being, and half-trained or badly-trained nurses can scarcely be said to be anything else. Miss Nutting, of Columbia University, has said: "There is no other nursing than trained nursing, and that means good nursing." There can be no such thing as one kind of nursing for the poor and another for the wealthy. A surgeon, in removing the appendix of a poor man, uses exactly the same skilful technique as he does in performing the same operation on a millionaire patient; and the same should be true of nursing. Every sick patient, irrespective of where he lives or whether he can pay for it, is entitled to good nursing, no matter how it is obtained, and that can only be given by nurses who have been properly trained.

The "practical nurse" or "trained attendant" doubtless does splendid work in her own particular field, but her work should be distinctly limited to her own field. This can only be done by requiring all who nurse for payment of services to register either as fully qualified nurses or as trained attendants. In the latter class might be grouped the practical nurses, partly trained nurses, etc. The public would then at least know the type of service they could expect to receive. The average person would be horrified to find that the teacher who taught their children had no certificate or guarantee of qualification, and yet think nothing of employing a wholly untrained, or, what is almost worse, a half-trained person for something infinitely more important—their care during a serious illness. In order to provide "good nursing," there are certain essentials which should form a part of every training school.

Perhaps the first is the selection of the pupil nurse. This should be as carefully made as possible: good health, good moral character, and a required standard of education. In connection with this latter, a matter of vital interest to training schools was the report at our National Con-

vention of a committee appointed to make an extensive survey of the educational standing of the young women of the entire Dominion, and the result showed an alarming shortage of those who went further than entrance into or beyond one year in High School. It was felt that an organized effort should be made to bring home to the public at large the necessity of inducing young girls to continue their educational work so as to fit them to enter training schools or other fields of work.

The hospital should have a large number of medical, surgical and obstetrical patients, to provide sufficient experience and material for teaching. These should include men, women and children. If the hospital has an insufficient number of patients to give experience in all branches, this should be provided by means of affiliation with other institutions.

Special hospitals, such as maternity, children's, mental, tubercular, eye, ear, nose and throat, do not make a good type of training school, because the pupil receives proportionately too much training in special branches of work, but they do provide splendid affiliation. Training in special work should follow, not precede, a ground work of general training. Included in all general training should be the care of tubercular patients. This can best be secured by affiliation with a sanitarium which has qualified supervision. If every general hospital were required to give its pupil nurses a certain amount of time in a tubercular sanitarium, it would not only provide nursing care for the patients there (something not infrequently difficult to obtain), but it would qualify the nurse for the care of this disease, and at the same time remove that unreasoning fear that the average graduate nurse has of tuberculosis. Since it forms such a very large percentage of the sick of our country, it should be included in a general training.

In order to give pupil nurses the kind of training that makes good nurses, it is necessary to have qualified instruction and supervision, with proper equipment and teaching facilities. It seems scarcely necessary to say that the superintendent of nurses should be an efficient, fully-trained registered nurse. Most of us realize that the qualifications required, or desirable, are many and varied when we find ourselves in a position of this kind.

Such departments as the operating-room and maternity wards should unquestionably have a graduate nurse in charge, and a qualified and efficient nurse should supervise the night work. In many small hospitals this is thought unnecessary; but we all know that the vitality is lowest during the night hours, so that patients are really more critical between 7 p.m. and 7 a.m. So why should they be entrusted to undergraduates not in any way qualified to assume the responsibility or to judge of a necessity of notifying a physician? For a short time—a very short time—I was in charge of a hospital without a night supervisor, and was supposed to be called if necessity arose—a sort of modified 24-hour duty; but the serious side of it was that I found I was frequently called

for something that really did not require any attention or interference, but sometimes not called when something really serious should have received attention. This was simply because the pupil nurse is not always sufficiently trained or experienced to recognize grave symptoms and danger signals. Leaving pupil nurses without trained supervision for 12 hours is surely not good training or justice to the pupil nurse, and it means nothing short of endangering the lives of the patients.

I know there are many arguments that wonderful work has been done in the small hospitals, that splendid nurses have come from little hospitals with possibly only one or two graduate nurses on the staff; but I feel they are the exception rather than the rule; and I feel that if a hospital is large enough to conduct a training school, the superintendent of nurses cannot possibly give sufficient supervision to her own work and at the same time oversee the operating room or maternity department and do justice to the pupil nurse and again to the patient.

In the past, long hours on duty have greatly hindered the progress of nursing. Not only has it created a distaste for the work, but has interfered unpardonably in the time for teaching and study, as well as the necessary time for recreation. Shorter hours and good teaching will attract better qualified women to enter the field of nursing.

Next to hours of duty, good living conditions are perhaps the most important. Nurses' residential quarters should be separate from the hospital. If located in some part of the hospital, the nurse is never quite away from her work, as it were, and is therefore not obtaining proper rest. It hardly seems necessary to say that she is quite long enough closely associated with disease, suffering, etc., during the time spent on duty, and should get entirely away from it in the interval.

Good food is another important factor. A pupil nurse is under both a physical and mental strain, and the meals should consist of well-selected food, properly cooked and attractively served. Above all, a routine type of meals should be avoided. I fancy a good many nurses have spent three years in a hospital where they always knew exactly what they would have for each meal, for each particular day of the week. It is a little more trouble to plan the meals day by day, but it amply repays.

The financial side is very important; but the fairly familiar argument can be used, that money can always be found for so many things of so much less importance and should be demanded for what concerns the care of the sick and helpless.

In the training school, as in the hospital, the patient should be the first consideration, and a nurse's training should be given so as to instil the thought that the reason for each and every part of it is in order that the sick under her care may receive skilled and intelligent nursing.

A comparatively unrecognized evil exists in the matter of very small hospitals taking in one or more pupil nurses for a few months, or even attempting to give a full training, with no means of giving the necessary experience, to say nothing of qualified instruction, and in most cases no

attempt is made to provide any or adequate affiliation. This is often done for purely financial reasons—it is less expensive to have so-called "pupil nurses." The girl who enters a place of this description is often below the somewhat elastic standard set by our training schools in the matter of preliminary education and other qualifications (otherwise she would investigate more fully before selecting her training school), so that she does not profit from what little training or experience she receives, or give as good service, as would a more carefully selected pupil. The most serious side is that, in the very small hospital, more responsibility and a greater part of the care of the patients is allotted to these so-called pupil nurses. I have known of a case where a girl had been a probationer in a large hospital, was not accepted, and later went to a small hospital, where she was put on night duty at once. There was no other nurse on duty in the hospital, and the doctor who owned the hospital did not reside in the building; so the patients, some of them serious cases, were in the hands of an irresponsible person for almost half of the time, without any supervision. The girl, perhaps after only a few months, leaves this hospital, puts on a uniform and calls herself a nurse, and the public accepts her as such, until they learn, from bitter experience, that she is in no way qualified to care for human life.

The two points I wish to emphasize are that it is not fair to the pupil nurse, whose time is worse than wasted; and particularly it is not fair to the patient.

In our best training schools a pupil is fully instructed as to just how to do the many things that must be done for a patient, from the simple matter of making a bed to the preparation for a major operation. These are carefully taught and demonstrated, and later supervised, until the pupil is competent to do it alone.

In the United States most of the State Registration Acts require that the hospital and training school from which a nurse graduates must be registered before their graduates may apply for registration examination —that is, it must be an accredited school and comply with the regulations and requirements set forth by the university of the State, or whatever governing body controls the Registration Act, before a diploma from the school is recognized for entrance to the examination for a registered nurse.

The girl who enters a training school has a right to be given full and proper instruction. Likewise the public has a right to demand that, when a nurse assumes the responsibility of caring for the sick, she shall be fully qualified.

So that no hospital should be allowed to establish a training school unless it comes up to a required standard set by a governing body who are qualified to judge and determine as to what that standard shall be.

He who loves goodness, harbors angels, reveres reverence, and lives with God.—EMERSON.

The Education of the Semi-Sighted

"Sight-saving classes" as now maintained by the school authorities of progressive cities for the special training of those who sight is radically imperfect, but who are not blind, are described by Dr. John Green, Jr., a St. Louis oculist, in *Modern Medicine*.

"What constitutes defective sight? No hard and fast line can be drawn between the sighted and semisighted on the one hand and the semisighted and the blind on the other. For purposes of classification, defective sight has been defined as 'vision not more than one-third nor less than one-tenth with the best glasses obtainable.' . . .

"Children suffering from ocular defects of this sort have, of course, always been enrolled in every large school system. Prior to the period of medical inspection, the reason for the backwardness of any given child did not always appear. All the teacher and parent knew was that the youngster did not get along well. Even if the defect were discovered, the teacher and parent were helpless. The former had no right to exclude such a child from classes, and often tried hard to fit the child into the usual educational groove—a process which was no more successful than the attempt to fit a square block into a round hole. At the end of the term the discouraged teacher had no recourse but to demote the discouraged pupil. The following year the same weary and futile process was repeated. Of course, this sort of thing could not keep up indefinitely, and the problem solved itself (if solution it can be solved) by the child leaving the school long before completion of the grammar school grades.

"When systematic medical inspection began to be the rule in schools in the larger cities, more and more of these cases came to light and the problem began to assume definite shape in the minds of educators. It having been determined that these children could not be educated in the ordinary schools, it was thought that provision might be made for them in schools for the blind. It was assumed (erroneously, as experience proved) that the partial-sighted child was to all intents and purposes a blind child, and that the educational methods appropriate for the latter would prove equally effective for the former. The experiment was tried out, for example, at the Perkins Institution for the Blind in Boston; but it was foredoomed to failure. The child's vision may be seriously defective, and yet he sees after a fashion. He is bound to rebel at any effort to fit him into any educational system designed for the sightless.

"In the education of the blind the lost sense of sight is replaced by the sense of touch, and to some extent by the senses of smell, hearing, and taste. Many of us endeavor to accomplish by touch alone tasks that usually require the co-operation of eye and hand. . . .

"It may seem to the experienced knitter or typist that she is wholly independent of vision; but, as a matter of fact, there occur moments of hesitation or uncertainty when the sense of touch is deemed inadequate

to obviate an impending mistake, and then a lightning glance will insure the correct completion of the task. The same irresistible tendency to supplement by sight the tasks supposedly carried on by touch alone is shown by the partial-sighted when the attempt is made to instruct them by methods suitable for the wholly blind. For instance, it has been found impracticable to teach the raised types of the blind to the partial-sighted children; the laborious process of determining the individual letter by the sense of touch is soon abandoned, and these children are found straining their eyes in an effort to see the arrangement of the raised dots. There is promoted the very thing which should be avoided, namely, overstrain of the eyes. . . .

" 'The semisighted child is discouraged with always being behind his fellow students and develops a consequent carelessness, shiftlessness, and lack of confidence. Later his lack of the fundamentals of education must inevitably handicap his industrial life.' This statement, from a report of the Massachusetts Commission for the Blind, coincides with my own recent experience.

"The cost of special education varies with location, equipment, etc. It is the highest of any special educational work done in the public schools, but considerably less than the cost of education in institutions for the blind. This cost can be further reduced by placing such children as far as possible in classes with seeing children, which has the additional advantage of accustoming them to a normal school environment in competition with those with whom they will be thrown in later life. . . . The whole aim is to minimize eye-strain during school life, to train the semisighted child to conserve his own vision, and to give such vocational training as will enable him to become self-supporting.

—*The Literary Digest.*

A WORD OF CAUTION

"Lest we forget" were the words of caution which went far and wide about a year ago when the epidemic of influenza cut a swath through Canada and brought suffering and distress and carried away tens of thousands of our loved ones. A timely word or two may not be out of place to health authorities and the public generally.

The benefits of fresh air, healthy living and the early medical attention to colds and catarrhs should not be forgotten as some of the preventive measures which should claim our personal attention.

Let each one of us, like a good scout, "be prepared" against what may happen, and the worst may never materialize.—*C.A.H.*

Wisdom is knowing what to do next; *Skill* is knowing how to do it, and *Virtue* is in doing it.—David Starr Jordan.

Editorial

Congratulations from this magazine and from all the nurses of Canada to our sisters in England for the successful ending of their strenuous appeal to Parliament for registration, which lasted fourteen years. With the Act for England was passed one for Wales, and the Minister of Health initiated similar legislation for Scotland and Ireland, which three measures were almost identical, passed through Parliament with a few verbal alterations and received the Royal assent in the House of Lords on December 23rd, the last day of the session before Parliament was prorogued. This Act, passed as a Government measure after the throwing out of a private member's Bill during the same session, due to the unfortunate difference of opinion and lack of co-operation of all the nurses and organizations in England, must indeed have been felt worthy of the heartfelt gratitude of those who for so many years had borne the burden and heat of the day, and, as Major Barnett, M. P., put it, "We have heard from Mrs. Bedford Fenwick what a long night of trouble and sorrow you have passed through, and I am afraid that, if you had not been like the importunate widow in the Scriptures, you might still have been waiting for the State Registration of Nurses." A thanksgiving service for the passing of the Act was held at the Church of St. Martins-in-the-Fields, Trafalgar Square, London, for the law that will enable nurses to organize their profession that it may be a more efficient instrument for the service of the sick and suffering, and to raise the standard, through preventive work, of the national health.

Letters to The Editor

A CALL TO NURSES

DEAR EDITOR:

At this time, when so many nurses have returned from overseas and are being demobilized, there are probably many who, after the years of strenuous service abroad and the bigness of their work there, are finding it hard to readjust themselves to conditions at home.

May I point out to these nurses a sphere in which their services would be very much appreciated, and where they would be able to give of their best for the good of humanity, with very great returns?

I refer to the foreign mission field.

The need for sending out nurses as missionaries has been much emphasized during recent years, but the supply is very inadequate to the demand.

The great emphasis to-day in medical missions is the establishment of well-equipped hospitals and training schools for the purpose of raising up skilled native Christian doctors and nurses.

In India, China and Korea there is great ignorance of the ordinary laws of health, and, as a result, there is much preventable disease; and many deaths occur annually, especially among children. In Korea, when a mother cannot nurse her baby, if she cannot afford a wet-nurse, which only the rich can do, the poor little baby dies of starvation because the people do not use cow's milk—and they have no prepared foods. Dysentery and diseases due to malnutrition are very common among children.

A sick person is kept shut up in a little hot room, and is not allowed any fresh air or clean clothes (in case it will displease the evil spirit which sent the disease), and the people know very little, or nothing, about proper feeding of the sick.

The piercing of the flesh with long needles to let out the evil spirit is a very common practise, and many cases of blood-poisoning result from the use of dirty needles.

But the people are very grateful for any help in teaching them how to care for their sick; and the missionary nurse has a great opportunity to win their hearts, and, by her loving example and teaching, demonstrate the work of Christ, the first great Medical Missionary who went about doing good.

The Foreign Mission Board of the Presbyterian Church in Canada is looking for nurses for all of these fields. Are there not some among those who may read this, who love the Lord Jesus and who would like to serve Him in one of these countries in training native women to care for the sick who are so much neglected, and to bring these people into the experience of the love and power of Christ?

The Canadian nurses have made a lasting name for themselves in the service to their King and country which they have given overseas during the great war. Will you not answer to the call for workers in the service of the King of Kings in one of these far-off countries?

J. H. KIRK.

Hamheung, Korea.

* * * *

Dear Editor:

On reading "Saving Babies in Halifax" in the December number of the Canadian Nurse, I was very sorry to see that no mention was made of the school nurses, and any one reading the article would think we had taken no interest in the work.

When the meeting was called by the Women's Council to discuss having the Welfare Week, I spoke in approval and moved that we undertake it. Miss Mullins, the other school nurse, was put on the Attendance Committee, and I on the same, and also on the Publication.

We spoke to one hundred and fifty school classes, comprising about seven thousand pupils, endeavoring to interest them in the exhibit. We had leaflets printed and distributed in the schools, and had an advertisement put in the street cars, besides carrying around hand-made posters to be placed in stores. We got up a school booth, chiefly posters made by ourselves, and borrowed scales with which we weighed the children. The children were so enthusiastic we had trouble keeping them away from the meetings, which were especially for adults. The committee gave us the mornings and we had the hall packed each day, and it was no small work arranging the cars, etc. I was a wreck when it was over, but felt repaid, as we certainly contributed largely to the success of the week, and we were glad to do it.

I am, very sincerely yours,

WINIFRED REED,
Public School Nurse, Halifax.

HOW WE CAN PREVENT FIRES

Such simple precautions as the following will prevent many fires:

(a) Remove accumulations of rubbish from basements, outhouses and backyards.

(b) Never permit children to play with matches. Safety matches that strike only on the box should be used in every home.

(c) Do not permit stoves and furnaces to become overheated, and never leave fires unguarded.

(d) Never throw cigar and cigarette ends and pipe ashes carelessly away. Smoking should not be permitted around garages, barns, stables, granaries and stocks. Children should never smoke.

(e) Oily rags and waste ignite spontaneously. Burn them immediately after using.

(f) Gasoline should not be kept in the house. Store it at least 25 feet from any building.

(g) Oil stoves and lamps should be filled only in daylight and never near an open light or fire. Keep oil stoves clean, and watch for leaks.

(h) Never attempt to kindle a fire by using coal oil or gasoline.

(i) In open prairie country, plough fire-guards around buildings and granaries.

(j) Do not leave bonfires unguarded until the last spark has died out.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

The monthly meeting of the C. N. A. was held in the club-room on Thursday evening, January 8th. After the transaction of usual business, Dr. C. K. P. Henry gave a very interesting lecture on "Blood-Transfusion." There was an unusually large attendance.

Miss Moffat is spending the winter with a patient in California.

Mrs. Clayton left in December, with a patient, to spend the winter in Jamaica, B. W. I.

Miss Lily MacMartin, of Lachine, is enjoying a holiday with her sister in Outremont.

There's a balm for crippled spirits
In the open view
Running from your very footsteps
Out into the blue,
Like a wagon track to heaven
Straight 'twixt God and you.

PERCIVAL GIBBON.

If you insist on charity beginning at home, be sure to be "at home" when she begins.

To be the centre of one's universe is misery. To have one's universe centred in God is peace.

The one who moves "Forward" will always move some other. The one who only talks "Movement" will move no one.

News from The Medical World

By Elizabeth Robinson Scovil

Giving Castor Oil

An old method of giving castor oil so as to conceal the disagreeable taste is repeated in one of the medical journals. Half fill a glass with ice water, pour gently into it the dose of oil which will congeal into a lump, and can be swallowed without being tasted. If desired, the water can be flavored with peppermint. It can also be given in soda water, ginger ale, or any frothing liquid. Gelatine capsules holding about a teaspoonful are sold.

Moving Pictures in Obstetric Teaching

Dr. G. D. Robinson, obstetric physician at the Westminster Hospital, London, has shown the Royal Society of Medicine a film that illustrates the process of normal labor. It is intended to assist in the teaching of midwifery to medical students and midwives. About 25,000 photographs from life were employed.

Flies as Carriers of Dysentery

The result of experiments recently presented to the Medical Research Committee in England show that flies act as carriers of the two varieties of dysentery bacilli, Flexner and Shiga. It was found that flies living under natural conditions were carrying the dysentery bacilli. They suggest that infantile diarrhoea may also be a fly-borne disease.

Malignant Moles

It is the opinion of a surgeon that every mole, whether congenital or acquired, that is subject to irritation, should be removed, by cautery if possible. If a mole begins to grow and shows signs of irritation, or ulceration, it is an imperative sign for a surgical operation as soon as possible, though this will sometimes be too late.

The Mother's Food

The diet of the nursing mother should consist of food ample in quantity, easily digested, and, above all, of the kind to which she is accustomed. Indigestion in the mother affects the baby. If the mother suffers no inconvenience from even the most indigestible food, it will rarely harm the baby. Causes which operate through the nervous system of the mother influence the quality of the breast milk to a greater extent than the diet does.

Dish-Washing and Infection

The American Journal of Public Health says that the transmission of infection in cases of influenzal pneumonia can be greatly lessened by scalding all eating utensils with boiling water. In public institutions the influenza case rate has been reduced 66 per cent. and the mortality 55 per cent. by the use of this simple precaution. It is believed that the rate would have been still further reduced had boiling water been used in all the dish-washing machines, instead of merely very hot water.

Lubricating Jelly

A formula for an inexpensive lubricating jelly, used for a number of years in the Lankenau Hospital, Philadelphia, is as follows: Tragacanth, whole, 3 gm.; glycerine, 25 c.c.; phenol, 1.5 gm.; distilled water, sufficient to make 300 c.c. The tragacanth is broken in small pieces, put in a wide-mouthed bottle, the other ingredients added, and the bottle frequently shaken. If the lubricating jelly that comes in tubes is used, the cost is much greater.

The Necessity for Breast Feeding

A French medical journal, describing the work of the well baby clinic at Lille during the German occupation, says that there was one unforeseen result. As the Germans carried off all the cows, there was no milk; and as the factories were not running, the women could not find wage-earning work, and were obliged to stay at home with their babies. The mothers were forced to nurse their infants to keep them alive, and the infantile death rate was far lower than was ever known before in the town. He concludes that milk-distributing stations are a mistake, as they relieve mothers of their first duty.

The Industrial Nurse

It is stated that the first trained nurse to be employed as an industrial nurse was one engaged by the Vermont Marble Company, in 1895, to visit the homes of its employees and care for the sick mothers and their families.

Community Conditions

The following pertinent questions should be asked and answered in every community:

What is being done to protect the babies in your community?

Have you a baby health station?

Do you supervise the work of midwives?

Do you make provision for expectant mothers who are in need of advice and supervision?

Proper organization for pre-natal care, with sufficient bed space in maternity wards, and a baby health station should be provided if possible. If your community is small, at least one full-time public health nurse should be employed for the instruction of mothers in the care of themselves and their children. You owe this to the mothers.

Public Health Nursing Department

The decision of the annual meeting in Vancouver to form a public health section of the Canadian National Association of Trained Nurses was acted upon immediately by the executive, which appointed a committee of five representative nurses to organize the section. The committee is as follows: Miss Eunice H. Dyke, convener, Director of Public Health Nursing, Department of Public Health, Toronto, Ont.; Miss O. Z. De Laney, District Superintendent of Nurses, Victorian Order, Montreal, Que.; Miss Elizabeth Russell, Superintendent of Provincial Nurses, Department of Public Health, Manitoba; Miss Jean E. Browne, Director of School Hygiene, Department of Education, Saskatchewan; Miss Elizabeth G. Breeze, Superintendent of School Nurses, Vancouver, B. C.

The public health page of the magazine has been assigned to this committee, which has urged each provincial association to make one of its members responsible for privincial news items. The special representatives so far appointed by the provincial executive are: New Brunswick, Miss Sarah Broph, R.N.; Ontario, Miss E. J. Jamieson, Miss Beryl Knox, Miss Eunice H. Dyke; Manitoba, Miss Elizabeth Russell, R.N.; Alberta, Miss Christine Smith, R.N.; British Columbia, Miss Janet Campbell, R.N.

Address all communications to Chairman of Public Health Section of the Canadian National Association of Trained Nurses—Miss Eunice H. Dyke, City Hall, Toronto, Ontario.

QUESTION BOX

Questions will be forwarded by the chairman to nurses qualified to discuss the particular subjects.

Replies will be published in this department.

"There are rare epochs in the history of the world when in a few raging years the character, the destiny of the whole race is determined for unknown ages. This is one. The winter wheat is being sown. There are many storms to pass through, there are many frosts to endure, before the land brings forth its green promise. But let us not weary in well doing, for in due season we shall reap if we faint not."

—LLOYD GEORGE.

Question Box

The following question for the Question Box in the Public Health section of the magazine has been submitted to me for an answer by Miss Eunice Dyke:

"Is the definition of Public Health Nurse the same as in Canada as outlined by the National Organization for Public Health Nursing of America?"

.. Since receiving this momentous question, I quite sympathize with the ancient philosopher who was told that he must solve the riddle of the Sphinx or perish ignominiously. Beside it problems such as "How old is Ann?" pale into insignificance. However, I will do my best in the difficult circumstances.

The following is a copy of a letter received from Miss Crandall, the executive secretary of the National Organization for Public Health Nursing of America:

"My Dear Madam:—I have your letter in regard to the definition of a public health nurse. May I state that the National Organization for Public Health Nursing has not adopted a final definition of a public health nurse up to the present time, believing that there was, and still is, considerable difference of opinion regarding the matter. However, I am enclosing a folder, with paragraph marked, which is descriptive of

the public health nurse's work. I also quote below a definition compiled some time ago, in 1912 or 1913:

"'A public health nurse is a product of evolution. She has developed from the old-fashioned district or visiting nurse who visits and nurses the sick, poor patient in his home.

"'She is still that same visiting nurse, and also, according to the demands of the community which she serves, a public school nurse, an infant welfare nurse, a tuberculosis nurse, a hospital social service nurse, a sanitary inspector, a truant officer, a social worker, a visiting dietitian, and even a midwife.'

"Furthermore, the National Organization for Public Health Nursing, recognizing that the time has come when all people interested in this field of work must have a common understanding, hopes to discuss the matter at its convention in April. However, a final definition will not be adopted at that time, because it is generally agreed that this organization, and other interested people, should wait until the special committee, which is working under the immediate guidance of Professor C. E. A. Winslow, financed by the Rockefeller Foundation, is ready to render its report some time in the latter part of 1920. The express function of this committee is to study the activities of, requirements for and available sources of preparation for the practice of public health nursing, and to show their relationship to the present system of nursing education as found in training schools for nurses. This study is designed to cover a year, and will be a very illuminating contribution to the whole question of nursing education. Perhaps the questioner referred to saw the discussion of this special committee in *The Public Health Nurse* in a number of recent issues during the current year.

(Signed) "Ella P. Crandall."

It is apparent, therefore, that we are still in the valley of decision along with our American sisters. At the National Convention held in Vancouver the question was raised, but no definite pronouncement made. Miss Jean Browne, head of the Department of School Hygiene, stated that she did not consider herself a public health nurse. On the other hand, I have heard superintendents of training schools rashly claiming that honor. In a bulletin issued by the National Organization for Public Health Nursing, the following definition is given:

"She is a graduate nurse doing any form of social work in which the health of the public is concerned, and in which her training as a nurse comes into play and is recognized as a valuable part of her equipment. She may be an infant welfare nurse, a school nurse, a medical social service worker, a tuberculosis nurse, an industrial nurse, a district or visiting nurse. In a small community she may combine these functions."

In my own mind, and possibly in the minds of many Canadian nurses, a public health nurse, in the narrow sense of the term, is one

engaged primarily in preventive work, and the educational activities which accompany it, as distinguished from the actual care of the sick. But for my own part I would be unwilling to be placed quite outside the pale, and I await with great interest the definition to be announced at the convention to which Miss Crandall refers.

In conclusion, I would like to challenge Miss Jean Browne, of Regina; and I here and now accuse her of being a public health nurse, regardless of her repudiation of the title. This will at least bring her to my rescue, because she will be obliged to define the term in order to defend herself.

Very sincerely yours,

E. JOHNS,
Secretary C.N.A.T.N.

CANADA

Two developments during the past year, which will influence the public health movement during the new year, are the creation of the Federal Department of Health, and the re-organization of the Canadian Red Cross Society for peace-time national service. The Canadian National Association of Trained Nurses is already co-operating with the latter development through its Committee on National Nursing Service. The influence of the Federal Department of Health upon nursing affairs is not yet apparent, as its policies have not been fully announced. The Minister under the present Government is Hon. N. W. Rowell, K. C., and his deputy, Dr. John A. Amyot, C. M. G.

An attractive calendar has been sent by the Victorian Order of Nurses to all its nurses throughout Canada. The following brief summary appears on one of the covers, and the quotation at the head of this section on the first page of the calendar:

"The activities of the Victorian Order are carried on by a body of graduate nurses with a post-graduate training in public health nursing. Their field lies in the homes of the people, in serving and teaching. They care for the mother during pregnancy, assist the doctor at the birth, give post-natal care, and follow up the child till school age. They also do all other branches of nursing requiring the services of a visiting nurse.

"In the small communities they inspect the school children, and, in addition, give talks on home nursing. They receive their post-graduate training in one of the six training centres of the order.

"These nurses also staff the small hospitals of the order, of which there are twenty-four.

"Their last year's contribution to public service consisted of 336,063 visits, 23,683 child welfare visits and 3,238 social service visits, as well as 6,437 pre-natal visits and 2,388 school inspection visits. Fees were collected to the amount of $64,139. In addition, they cared for 5,609

patients in hospital, with 69,196 hospital days. This was accomplished in spite of a great shortage of staff nurses."

ONTARIO

The Department of Labor in Ontario has been reorganized as the Department of Labor and Health, with Hon. W. R. Rollo as its Minister, under the new Government. Dr. John W. S. McCullough, Chief Officer of Health for the Department of Labor and Health, has been appointed Deputy Registrar-General, with responsibility for the vital statistics of the Province.

CHILD WELFARE WORK IN KINGSTON

Realizing the value of conserving child life, the Provincial Government has begun to give serious thought to the problem, and, under the Department of Public Health, child welfare is carried on in various towns and cities.

With the encouragement of the Provincial Department, the Victorian Order committee in Kingston opened a child welfare station, July, 1918, as an experiment, and the results have been so gratifying that any thought of discontinuing the work is out of the question, and their hope is that the Board of Health will shortly undertake to finance the scheme.

A graduate nurse is on duty three afternoons; also a doctor, a specialist in infants' feeding, who gives his services, free, two afternoons a week. There mothers bring their babies for consultation regarding feeding and for advice in general. Knowing that the "toddler" and preschool age is second in importance to the first year of child life, we encourage the mother to bring them up to the school age.

The nurse receives each month a list of birth registrations. She then mails to each mother a leaflet regarding breast feeding, and an invitation to bring her baby to the station regularly to be weighed and to consult with the nurse regarding feeding, clothing, etc. The nursing babies are weighed once a month before and after nursing, and, if any anxiety is felt in the meantime, the nurse is notified. Then either the baby is brought to the station or a visit is made to the home.

Demonstrations on preparation of modified milk, barley water, etc., are given when ordered by the doctor at the station; otherwise at the home, with their own utensils. The educational features of the work are of first importance.

The reports for the first year show baby visits, 867; other visits, including pre-natal, requests for patterns of infants' clothing, and general advice, number over 400—making a total of over 1,200 visits.

From October to May older boys and girls come to the station each Saturday afternoon, and here a qualified teacher presides over a sewing class. Once a month these children enjoy a social evening. Prizes are

given for the best work at the end of the season; and it is worth mentioning that the first prize was awarded to a boy, ten years of age.

The source of finances may be uncertain, but the vision is large, and other branches of child welfare work are under consideration.

SASKATCHEWAN.

Report from Le Ross, Sask.

You will be surprised to hear that I am having a busy month of December without nursing a single case up to date. The housework in cold weather takes up so much time. I am now an experienced janitor and charwoman, melting snow, carrying out ashes, washing, etc. By the way, I've had to do some washing for every case, with but one exception. The latter part of November saw an obstetric case safely engineered through the perils of residence in the Hotel Le Ross. October was a red-letter month for accident cases. A Danish farmer's horses ran away while he was bringing a load of wheat into Le Ross. The farmer was brought to the hotel on motor cushions, chilled and suffering from shock. The diagnosis was "fractured femur, crest of illium crushed. Fortunately the roads were good and Dr. McRitchie was here before I had a room and bed in readiness. Grey flannelette blankets, V. O.N. purchases, were a boon. This accident has given a new community interest in first aid. I'll tell you of the hospital bed being procured (a stretcher, etc.) in another letter. The Woman's Community Club, really an auxiliary to this health centre, have purchased hot-water bags; surgical sheets from the army stores in Regina have been ordered. Just in passing, I'll mention that this club meets monthly in this house. Tea is served and I get in Infant Welfare (thanks to the wall charts and pictures from Montreal) and social service "unbeknownst." As it were, an ostentatious health propaganda, perhaps a better mode of expression."

Report of the Health Department of the Regina Public Schools for the year 1919:

Pupils enrolled during 1919	5673
Pupils under dentist's care	1670
Pupils receiving free dental care	1096
Number of visits to homes	2157
Number of dressings done	1639
Number of special examinations on account of diphtheria and scarlet fever	2966

We are grateful to have such splendid co-operation from the parents of the children. In a great many instances it only needs the printed notice of the defect sent to the home to have it remedied, while in others a personal visit has had to be made.

Last spring the North Regina School Board asked us to inspect their pupils, they having a rural school of four rooms. When the inspection

was finished they called a special meeting asking the supervisors of the health department to attend and advise them as to their procedure in getting defects remedied. The advice to have these defects remedied and the School Board to pay all bills thus incurred was accepted. All dental work has been done and all eye, ear, nose and throat work attended to by a specialist at the expense of the board. Next year they expect to give each child a prophylactic dental treatment as well, all work to be paid for by the School Board. In Regina there are 13 schools with a staff of three nurses and one dentist.

GRACE M. COOPER,
Supervising Nurse.

BUILD UP YOUR BODILY RESISTANCE

1. Sleep with at least one window open in your bedroom all the year round.

2. Eat plenty of good wholesome food.

3. Never allow yourself to become more tired by staying up late after a hard day; make up for it by going to bed early.

If you are in good health, if your resisting power is good, the germs of disease are less likely to harm you.

Nothing helps to build up the resisting power so much as proper food, plenty of sleep, and pure, fresh air.—*Conservation.*

IVORY DUST JELLY

Joseph Rodgers & Sons, a well-known English cutlery firm, use 1,200 tusks a year to supply the demand for ivory handles. In cutting the tusks, great care is taken to keep the dust free from contamination. It is first drawn mechanically into a container, then passed through a very fine sieve, and sold, to be manufactured into a jelly for invalids. One pound of ivory dust will make half a gallon of jelly.

When I have time, so many things I'll do
To make life happier and more fair
For those whose lives are crowded now with care;
I'll help to lift them from their low despair,
When I have time.

Now is the time! Ah, friend, no longer wait
To scatter loving smiles and words of cheer
To those around whose lives are now so dear;
They may not meet you in the coming year—
Now is the time.

ANONYMOUS.

The Diet Kitchen

By Elizabeth Robinson Scovil

Bran is frequently prescribed as a remedy for constipation. It is given in those cases in which a larger amount of indigestible material is required than is furnished in the ordinary diet. This increases the mass of fecal matter, and so leads to more frequent evacuation. In cases in which its use is indicated, it is sometimes difficult to persuade the patient to take a sufficient quantity unless it is mixed with the food. It is not easy to do this in such a form as to be palatable.

The Journal of the American Medical Association recently published a number of recipes, adapted from various cookery books, which should be of great use to the nurse in preparing food of this nature so that it can be eaten with relish.

Bran is the tough outer covering of the wheat which is removed in the process of milling, and is, therefore, never present in the white flour that is commonly used. It contains a good deal of starch and sugar, a small percentage of fat and some nitrogenous and mineral matter, besides water. The constituent which makes it useful in constipation is cellulose. This helps to distend the intestine by its bulk and gently irritate it by the spear-like shape of its particles. Moisture reduces it to a soft mass, so the irritation is not excessive, only enough to excite peristalsis and accomplish its purpose.

Bran Potato Soup

Mash the potato; add water, milk or cream, to make a thin liquid. To every cupful of this add a quarter of a cupful of bran, half a tablespoonful of butter, and season with salt, celery salt and paprika. If necessary, strain the mixture before adding the bran.

Bran Porridge

Add two cups of bran to two cups of boiling salted water, and boil from three to five minutes; then cook it one hour in a double boiler. Ten minutes before it is done, add one cup of chopped figs or dates. Serve with milk or cream.

Bran Griddle Cakes

Take one cup of bran, one cup of flour, one tablespoonful of sugar, half a tablespoonful of butter, a little salt, one teaspoonful of baking powder, one cup of milk, one egg. Mix the dry materials; add egg (slightly beaten), milk and butter. Beat thoroughly and cook on a hot griddle. This will make twenty cakes.

Bran Mashed Potato

To two cups of hot mashed potato add a half cup of bran, pepper, salt, butter and about half a cup of hot milk or cream. Beat the mixture, adding the bran after it is beaten light.

Bran Bread or Muffins

Three cups of bran, three cups of white flour, three level teaspoonsful of baking powder, two teaspoonsful of salt, quarter of a cup of sugar, two cups of milk or water, two eggs (beaten very light), a quarter of a cup of fat (butter, lard, or butter substitute), melted and cooled. Mix the dry ingredients thoroughly; then add them to the liquid ingredients, including the partially cooked fat. Mix only enough to blend them well. For bread, bake in a buttered tin forty-five minutes in a slow oven. For muffins, fill greased muffin-tins two-thirds full and bake in a moderate oven from twenty to thirty-five minutes.

Sour Milk Bread

Two cups of bran, four cups of Graham flour, one teaspoonful of baking soda, two teaspoonsful of salt, one cup of molasses, two cups of thick sour milk or buttermilk, two teaspoonsful of fat melted and cooled. Mix as in the preceding recipe, and bake one hour and a quarter. Children like this bread because it is sweet. If the sweetness is disliked, lessen the amount of molasses and add an equal quantity of sour milk.

Bran Biscuits

Half a cup of bran, half a cup of Graham flour, one teaspoonful of baking powder, one teaspoonful of melted butter, one saltspoonful of salt, milk. Sift dry ingredients together, rub in the butter, add milk to make a soft dough, roll out and bake in a hot oven.

Bran Cookies

One cup of bran, one cup white flour, half a cup of Graham flour, two tablespoonsful of butter or lard, two teaspoonsful of baking powder, one cup of sugar, quarter of a cup of molasses, half a cup of milk, one egg, a little salt. Drop the mixed batter from a spoon on a well-greased pan. Bake about twenty-five minutes in a hot oven. Raisins may be boiled a few minutes until plump, drained, chopped and added to the mixture before cooking. Cinnamon or nutmeg can be used as flavoring, or chopped nuts instead of raisins. The cookies can be spread with stewed figs or dates and dusted with powdered sugar.

Bran Macaroons

One cup of granulated sugar, one egg, two and a half tablespoonsful of flour, the same quantity of bran, one cup of finely-chopped almonds. Beat eggs and sugar until very light, add nuts and then flour and bran. Drop on buttered tins, and bake in a medium hot oven for ten minutes.

The World's Pulse

By Elizabeth Robinson Scovil

Aerial Plans for Western Canada

It is said that the Canadian Government proposes to inaugurate a trans-Canada air mail and express service. There is to be a station between Calgary and Banff as a stopping point for the fliers before making the trip across the Rocky Mountains.

The Australian Flight

The flight of Captain Ross-Smith from England to Australia, 12,000 miles, makes a new record in aerial travelling. The aeroplane company which built the machine in which the flight was made have presented it to the Australian Government. Capt. Ross-Smith started from London and landed at the tiny settlement of Port Darwin on the northern coast of Australia. He is a modest, unassuming, fair-haired young man. His daring exploits in the air on the Gaya front won him the Military Cross. He went to Mesopotamia with General Allenby, where he won the D.S.O.

The Official End of the Harem

Prince Farouk, the son of the heir-apparent to the Turkish throne, has married the Princess Sabiha, a daughter of the Sultan. It is stated that, in future, members of the Imperial family will take but one legal wife, thus officially terminating the harem system.

Florence Nightingale's Country Home

Portions of the Lea Hurst estate, the residence of the parents of Florence Nightingale, where she spent her girlhood, have been sold. Lea Hall, a handsome Georgian house, sold for fifteen hundred pounds.

An Australian Nurse in the Air

Sister Hilda McMaugh, of the Australian Imperial Force, is the first Australian woman to fly. She can take a machine up and fly it, and can loop-the-loop. She says, "The first two days I thought I was no good at all; then I began to think it was the easiest thing in the world, much easier and safer than motor driving—no crowds, no police up there. Now I feel like a bird." She has received the Royal Air Club's certificate.

High Price of Necessities

In December eggs were selling in New York at $1.24 a dozen, retail, and milk at one shilling a quart in London.

Edith Cavell's Prison Cell

The Brussels Court of Justice has decided to convert the cells of the St. Giell's prison occupied by Edith Cavell and Mlle. M. Petit, who was also shot by the Germans, into a museum. The clothes, books and a few other possessions of these two brave women have been collected and placed there.

A Woman in the Pulpit

Miss E. Picton-Turbervill has preached from the pulpit of S. Botolph's, Bishopsgate, London, to a congregation of about a hundred, principally men. She spoke for twenty-three minutes in a quick, conversational voice, without marked gestures. She never hesitated for a word, and rarely referred to her notes. Her subject was "The Kingdom of God." She wore a close-fitting black hat, resembling a biretta, a surplice and a long black cloak. The women's choir wore flowing white headdresses.

Lady Astor's Wisdom

During her campaign for election to the House of Commons Lady Astor made many wise remarks, as well as many witty ones. She appealed to women because the "moral influence of woman is needed in England to-day in adjusting the nation's pressing economic and social problems." Is not the same true of Canada? Women are essential to the introduction of a policy of thrifty national housekeeping, which is imperative to establish the Empire on a sound post-war foundation.

United States Exchange

This is a question which is pressing heavily on all who have to send money from Canada to the United States, one dollar at this time of writing being worth there only eighty-nine cents. The only remedy suggested is that Canada should produce more, both for export and home consumption, and should refrain from importing luxuries from the United States, so as to equalize the balance of trade. It is stated that in the three years ending last June the United States supplied 81 per cent. of all Canada's imports.

The Deflection of Sight

British astronomers who watched the total eclipse of the sun in May claim that they have proved by photographs that light, like matter, is subject to gravitation, and may be deflected or bent. This discovery is of importance to astronomers. It has a bearing on the apparent distance of stars from the earth. Sir Joseph Thomson says it is not the discovery of an outlying island, but of a whole continent of new scientific ideas of the greatest importance to some of the most fundamental questions connected with physics. It is the greatest discovery in connection with gravitation since Newton proclaimed that principle.

He is below himself who is not above an injury.

The Nurse's Library

Change of Life: Its Difficulties and Dangers. Dr. Mary Scharlieb, author of *Notes on Venereal Diseases.* The Scientific Press, Ltd, 28 and 29 Southampton Street, Strand, London, W. C. 2. Price, 1s. 3d. net.

This most helpful book is one of a series of handbooks published by this firm of publishers, and is of a size to be easily carried by the nurse. The menopause being one of the most important epochs in a woman's life, and as so many have a false idea of its dangers and imagine all sorts of evil in its connection, this book will give the nurse the information required to help her patient through this time of anxiety, giving them hope, and also an idea of what is really happening at this period, with a view of taking the necessary care of themselves.

The Letters of a Widowed Physician to His Daughter—At Puberty, at Maturity, at Marriage, and at Motherhood. London, England: Balliere, Tindall & Cox, 8 Henrietta Street, Covent Garden, London.

These letters, printed in unique form as separate letters in a loose cover, are something that have been long wanted as a means of giving instruction to girls and women at these four important periods of their lives. They are beautifully simple, clear, and are a real gain to the literature of these subjects. It could be wished that, as each girl reached womanhood, she might have the needed facts placed before her in such a delicate and plain manner. Ignorance, through lack of proper knowledge of the sexual life of women, has been the cause of many of life's tragedies.

Food for the Sick and the Well: How to Select It and How to Cook It. By Margaret P. Thompson, R. N. Cloth. 82 pages. Price, $1.00. World Book Co., Yonkers-on-Hudson.

This book of recipes, the result of many years of experience in arranging diets for sick and convalescents, shows the relation of food to health and the necessity of a balanced menu. In the last section of the book can be found descriptions of nursing treatments, such as baths, hot-packs, plasters, poultices, enamata, etc., with an index of several pages which will enable readers to find what they wish in quick time.

Goodness is the only investment that never fails.—THOREAU.

Our doubts are traitors, and make us lose the good we oft might win by fearing to attempt.—SHAKESPEARE.

Hospitals and Nurses

NOVA SCOTIA

Monthly meetings have been remarkably well attended, due no doubt to the rapid demobilization of military hospitals and return of overseas members.

A special committee has been appointed to deal with a suggestion received from the "Editorial Board" of the "Canadian Nurse" regarding the appointment of a properly qualified person to prepare news for publication in the magazine.

The sum of twenty-five dollars was voted from the general fund as a donation toward the Psychiatric Clinic to be established in Halifax.

General satisfaction has been expressed at the reappointment to the staff of the Public School Nurses in Halifax of Miss Edith Richardson, recently released from military duty, and who is reported to have rendered such excellent service overseas and at Camp Hill Hospital.

Miss Winnifred and Miss Frances Mullins have carried on the school work with great success during these years of nurse shortage, and the notable large attendance of school children at the Baby Welfare Exhibition recently held in Halifax is credited greatly to their efforts and enthusiasm. Miss Read is a graduate of St. Luke's, N.Y., and Miss Mullins of the Victoria General, Halifax.

On December 13 nurses of the Victoria General Hospital had the privilege of hearing Dr. Kilburn give a most interesting address on the opportunities for the Missionary Nurse in Western Canada.

Dr. Kilburn, who spoke in the interest of the newly instituted university at Cheng Thu, made an earnest appeal for more volunteers. "The University Board," said Dr. Kilburn, "were profoundly impressed with the advantages secured by the introduction to the hospitals of trained nurses. By their sympathy and kindness they had overcome in a marvelous manner the prejudices of the Chinese, accomplished much in the way of sanitary reform, and proved themselves excellent organizers."

Nova Scotia sustains a serious loss by the death of Dr. Eben McKay, Professor of Chemistry at Dalhousie University.

The firm of Carmichael & Co., New Glasgow, has presented to the Aberdeen Hospital, an X-Ray apparatus in memory of the late James MacGregor, former president of the firm.

The Christmas season has been greatly saddened by news of the death of Nursing Sister Margaret MacLeod, which occurred at Kentville Sanitorium. She was laid to rest December 24 at her home in Dominion, C.B. While overseas she contracted Spanish influenza, afterward developing tuberculosis.

Graduated 1911 from the Victoria General Hospital, Halifax, Miss MacLeod took the military course at Cogswell Street Hospital, Halifax. She was one of the first C.A.M.C. nurses to respond to the call for active service, leaving Halifax in September, 1914, to sail with the first contingent. Her companions were Sisters Minnie Folette (whose life was lost in the Llandovery Castle disaster) and Anne Allen.

Miss Allen, fortunately, and by the especial wish of Miss MacLeod, was able to be with her during the last days of her illness.

A typical Cape Breton girl, of good physique, full of cheer and energy, Margaret MacLeod will be remembered always as a most popular private nurse in Nova Scotia, as well as for her faithful service overseas and on transport duty.

The annual report of the Yarmouth Hospital testifies to increasing usefulness, especially in the out-patient and X-ray departments. The Training School maintains its affiliation with the Boston Lying-in, and the Rhode Island City Hospitals. Miss Ada Cross, graduate of Rhode Island General, has been appointed head nurse, and Miss Atkinson night matron at the Yarmouth Hospital.

The following class has recently graduated: Miss Hilda McConnel, Helen Kively, Evelyn Atkinson, Winnifred Kavanagh. Miss Hopkins (Class 1915) has been appointed Nurse (O.R.) in charge at the Colon Hospital, canal zone.

Emerging as we are from a threatened salt famine, it must be of interest to many besides Nova Scotians to learn of the successful operating of newly discovered salt mines near New Glasgow; also of the most recent discovery there of two rich veins of potassium salts, a mineral deposit said to be entirely absent in the mining sections of Canada.

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NEW BRUNSWICK

A very successful tea and sale was held at the residence of Mrs. John Vaughan on Thursday, January 8, 1920, under the auspices of the St. John Local Chapter of the N.B.A. of G.N. Tea was served to over two hundred guests and the result of sale of aprons, candy and home cooking was gratifying indeed. Much credit was due to Mrs. Vaughan, a member of the Local Chapter, for opening up her house for the occasion; also to Mrs. Leonard Dunlop, who acted as convener. Something over $240 was realized, part of which will be set aside to establish a fund for a fitting memorial to Nursing Sister Anna Stamers, a victim of the Llandovery Castle.

The Saint John Local Chapter met on Monday, January 19, at the home of Miss Martha Fraser, Meadow Street. Routine business was dealt with and refreshments served.

* * * *

QUEBEC

THE MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION.

It is with deep regret that owing to ill-health we must record the resignation of Miss Livingston from the Montreal General Hospital Training School for Nurses.

In 1890 Miss Livingston started the first training school in the province; at that time the hospital staff consisted of two graduates and several experienced nurses. From this small beginning it has grown under her supervision to be one of the leading training schools in Canada.

Miss Livingston's wonderful personality and high ideals have been an inspiration to those whom she has trained. To her we extend our sincere congratulations on having such a lifework to look back upon, and hope she may enjoy many years of well-earned retirement.

Miss S. E. Young, R.R.C., graduate class 1900, has accepted the position of Lady Superintendent, and we feel assured that under her guidance the ideals and traditions set by Miss Livingston will be maintained.

In November the Alumnæ Association gave a tea in honor of our graduates who had been overseas, to which we also invited the Royal Victoria Hospital graduates, and medical staff, who made up the original staff of No. 3 Canadian General Hospital. It was a pleasant re-union for many who had not met for several years.

Miss Tedford has gone to California, where she will probably stay for the remainder of the winter.

Mrs. N. Clayton has gone to Jamaica for the winter months.

Mrs. James Johnston (nee Miss Isabel Nichol) is spending the winter in Bermuda.

Mrs. Phyllis Gordon, for several years superintendent of the Sherbrooke Hospital, is now on the staff of the New York Hospital.

Miss Anna Kennedy, who was assistant at the Sherbrooke Hospital is in New York doing private nursing.

Other graduates of the Montreal General Hospital who are nursing in New York this winter are Miss Beatrice Hadrill, Miss Jean Fraser and Miss Anna Leonowens.

Miss Mildred Forbes, R.R.C., and Miss Laura Holland, R.R.C., who spent four years overseas in Lemnos, Salonica, France and England, are now at Simmon's College, Boston, taking a special course in Social Service work.

We congratulate Miss Evelyn Whitney (Class 1913) and Miss Elizabeth Odell (Class 1915) on being awarded the Royal Red Cross, Second Class, for meritorious service.

Miss A. Gillespie, Miss J. Munro and Miss B. Outterson have returned from overseas. The two former are spending some time at their respective homes, while Miss Outterson is again doing private nursing in Montreal.

Miss Marion Cole, late superintendent of a hospital in New Orleans, and who afterwards served overseas with the American Red Cross, has taken the position of Lady Superintendent of the Sherbrooke Hospital.

Miss F. Upton, R.R.C., who is a patient in the Montreal General Hospital suffering from malaria contracted while on service in Salonica, is improving slowly.

Miss Hardinge, Miss A. Colquhoun and Miss L. Urquhart, M.M., who are also patients in the hospital, are making satisfactory progress.

The members of the Alumnæ Association extend their sympathy to Mrs. S. E. Thames (nee Miss F. Wyman), of Jacksonville, Florida, whose father died recently, and to Mrs. Sahler (nee Miss Muriel Smith) on the death of her mother.

Miss Annie Lang (Class 1812) has accepted an appointment on the Social Service staff of the Montreal General Hospital.

* * * *

ONTARIO

Chatham.

The Graduate Nurses Alumnæ Association of St. Joseph's Hospital, Chatham, held their annual meeting on December 26, 1919, Mrs. Durocher in the chair.

Rev. Father Prosper, O. J. M., opened the meeting with an appropriate address. The minutes of the last meeting were read and approved and correspondence read and discussed. At the conclusion of the business meeting a social hour was spent, a dainty buffet luncheon being served.

The Alumnæ Association also gave a very enjoyable dance on the same evening in the Knights of Columbus Hall, which was bright and gay in its decorations of red and green. An orchestra furnished exceptionally good music for the occasion, dancing being indulged in until 1 o'clock. A number of out-of-town guests were present.

Misses Pauline O'Rourke and Lyla Masterson, formerly of St. Joseph's Sanitorium, Ann Arbor, Mich, were holiday visitors at their homes in Chatham.

Miss Marie Etue is spending a month's vacation with her parents in Goderich.

Kitchener.

The ninth annual meeting of the Kitchener and Waterloo G.N.A. was held November, 1919. The new executive is as follows: President, Mrs. Jessie Turner; first vice-president, Mrs. Norma Heller; second vice-president, Miss Idessa Huber; treasurer, Mrs. Wm. Knell; secretary, Miss Elsie Masters; Canadian Nurse representative, Miss Florence Wood. Total membership of 51, with splendid attendance at the regular meetings. The programme committee has arranged for an excellent year's work, including lectures on Goitre, Public Health Nursing, The

Church and the Healing Art, Eclampsia, Citizenship of Women, A Wonderful Era in Medicine, Special Experiences in My Private Nursing, and talks by the City Librarian and the Inspector of Public Schools.

Miss Anna Hawke (1919) has gone to Melford, Sask., where she expects to do private nursing.

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MANITOBA

The Winnipeg General Hospital A.A. held a very successful musicale in the Nurses' Home, October 6, 1919, in aid of the Scholarship fund. Mlle. Leucadia Vaccari, a noted violinist who has recently arrived from Italy, favored us with several selections in addition to a splendid programme of local talent.

At a general meeting of the W.G.H.A.A. on December 3, Prof. R. F. Argue, of Wesley College, gave an interesting address on the aims and ideals of the Students' International Convention, held at Des Moines during the Christmas holidays. Miss Gilroy represented our association at this convention.

Dr. Ellen Douglas gave an enlightening address on the work of the Women's Army Auxiliary Corps overseas, in the Nurses' Residence, January 7. It was most interesting to hear of the work and conditions under which the Women's Corps carried on during the years 1917-1919. Dr. Douglas was their medical officer in the Calais district.

Miss Inga Johnson has completed her post-graduate course in Boston and resumed her duties as Charge Nurse of the Social Service Department of the W.G.H.

Miss Mabel F. Gray, formerly Superintendent of Nurses at the W. G. H., is in Boston taking a post-graduate course.

At the November meeting of the W.G.H.A.A. a resolution was passed to raise the sum of at least $600 as a scholarship fund to be offered for post-graduate work to a member, or members, of our school.

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BRITISH COLUMBIA

Miss Ethel Boultbee, R.N., who has been chief matron for the C.A.M.C. in this province, has left to take a post-graduate course in public health nursing in New York in connection with Columbia University.

The dental clinic in connection with the public school medical service of Vancouver is doing splendid work. Last year 3,000 cases were attended to among the children, the majority of these being decayed teeth caused by neglect. A prophylactic clinic, consisting of one doctor and an attendant, is doing good work in visiting hospitals and educating the scholars in the care of the teeth.

The annual report of the V.G.N.A. gives the total number of paid-up members as 267; total number of calls filled during the year, 2,546; hospital positions filled, 56; other positions filled, 8; members who have left city, 43; members married, 8. "On the whole, the year has been a successful one. Nurses responded readily to the calls for which they registered. The majority of these were, as usual, for the hospitals, many nurses registering for this line of work only. Their work is much appreciated, but perhaps the greatest appreciation is given to the nurse who goes into the private home. Every one cannot go to a hospital—some must be nursed at home; and here the nurse who possesses skill, tact, and an ability to take responsibility, is invaluable. Her work is far-reaching and never forgotten. Our thanks are due to the doctors and nurses, who have always been most courteous; and also to the Vancouver General Hospital for assistance given, particularly with the night calls."

LILIAN ARCHIBALD, R.N.,
Registrar.

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CHINA

The ninth conference of the Nurses' Association of China, being a biennial meeting, will be held February 5th-8th, 1920, at the China Inland Mission Hall, Shanghai. The officers are: President, Mrs. Baldwin, Foochow; honorary treasurer, Mrs. Nichols, Jessfield; honorary secretary, Miss Batty, Shanghai. The Rev. J. W. Nichols will open the conference with a devotional meeting and will give the address. Papers on Organization and Administration of a Training School, New Methods of Teaching Nurses with Demonstrations, Red Cross Work, The Hospital as a Missionary Agency, The News Letter for Chinese Nurses, Social Service and Public Health, Regulation of Chinese Nurses' Salaries, Midwifery of To-day, and Nursing Ethics, with exhibition by pupils, and a session at the School for the Blind, as well as one in Soochow, will make a most attractive programme.

BIRTHS

FLANNERY—On November 5th, 1919, to Mr. and Mrs. Flannery, a son. Mrs. Flannery was Miss Helen Potter, graduate of the Kitchener and Waterloo Hospital, class 1912.

MARRIAGES

BEATTY-PETCH — At Winnipeg, November 11th, 1919, Bernice Petch (W. G. H., 1916) to Dr. John Beatty, of Toronto, Ont.

BOXER-BREWSTER—At Montreal, December 29th, 1919, Clara Brewster (R. V. H., Montreal) to S. Court Maudsley Boxer.

CONNELL-TUBMAN—In Vancouver, B. C., January 17th, 1920, Eva May Tubman (Vancouver General Hospital) to Arthur G. Connell, of Princeton, B. C.

CUNNINGHAM-PERRY—At Christ Church, Vancouver, B. C., on January 27th, 1920, by Major the Rev. C. C. Owen, Albert Earnest Cunningham, of Vancouver, to Meta Adele, daughter of Mr. and Mrs. S. A. Perry, graduate of the Vancouver General Hospital, Vancouver, B. C.

DAWE-JOHNSON—In St. Mark's Church, Kitsilano, Vancouver, B. C., by the Rev. A. H. Sovereign, Capt. W. A. Dawe, M.C., M.M., to Alice Eleanor, eldest daughter of Mrs. A. M. Johnson, of Dunbar Heights, Point Grey, B. C., and graduate of the Vancouver General Hospital.

DONNELLY-PATTERSON—Recently in Montreal, by Rev. Harold Young, Edithe D. Paterson (St. John General Public Hospital, 1917) to Frank J. Donnelly, M. D., Montreal, P. Q.

DUGAN-COLMAN—On December 18th, 1919, at Hespeler, Ont., Laura, daughter of Mr. and Mrs. Colman, of Hespeler, and graduate of the Kitchener and Waterloo Hospital, to Mr. Dugan, of Kitchener, Ont., who has lately returned from overseas.

LEWIS-BLAU—At Saskatoon, Sask., December 4th, 1919, Miss Hannah Blau (W. G. H., 1916) to Mr. Lewis, of Allan, Sask.

RENWICK-COLPITTS—At Morse, Sask., December 30th, 1919, Nina Eulalia Colpitts (Brandon General Hospital, 1916) to Mr. Alexander Renwick.

WINCHELL-PEEL—At Regina, December 6th, 1919, Vera Peel (W. G. H., 1917) to Dr. Winchell, of Gladstone, Man.

Where the mind is without fear, and the head is held high,
Where knowledge is free,
Where words come out from the depths of truth,
Where tireless striving stretches its arms towards perfection,
Where the clear stream of reason
Has not lost its way in the drear desert of dead habit,
Where the mind is led forward by God into ever widening thought and action,
Into that haven of freedom
My father, let my country awaken.

RABINDRANATH TAGORE.

A PRAYER

Now I get me up to work,
I pray the Lord I may not shirk;
If I should die before the night,
I pray the Lord *my* work's done right.

A. FITCH.

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NURSING BOOKS

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HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7781.

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$20.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

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A Post Graduate Course

of four months in District and Public Health Nursing for graduate nurses is given at the Training Centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto, Winnipeg and Vancouver.

For full information, apply to the **Chief Superintendent,** Room 4, Holbrook Chambers, 104 Sparks Street, **Ottawa, Ont.**

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Hon. President, Miss E. F. French, Superintendent of Nurses, Women's Hospital; President, Mrs. A. Chisholm, 20 Elm Tree Avenue, Vice-President, Miss H. A. T. Wyman, 305 MacKay Street, Secretary Treasurer, Miss J. E. Smithers, Women's Hospital.

Convenors of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman, Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

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Board of Directors—Mrs. Stanford, Miss M. Armour.

"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

President, Miss Goodhue; First Vice-President, Miss Amelia Campbell; Second Vice-President, Miss Prescott; Recording Secretary, Mrs. E. Roberts, 438 Mt. Stephen Avenue, Westmount; Corresponding Secretary, Miss Prescott, Royal Victoria Hospital, Montreal, Assistant Corresponding Secretaries, Misses Buck and Karn, R.V.H.; Treasurer, Miss M. Eifert, R.V.H.; Canadian Nurse" Representative, Miss L. O'Reilly, R.V.H.

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Regular monthly meeting second Wednesday, 8 p.m.

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Convener of Programme Committee—Miss Phillis Dean.

Convener of Membership and Visiting Committee—Miss Edna Payne.

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Committee—Miss Ketchen, Miss McNutt, Miss M. Gray, Miss Moffatt and Miss Tedford.

Refreshment Committee—Mrs. Dunwoody.

Representatives to the Local Council of Women—Mrs. Lamb, Miss Howard, Miss Ketchen and Miss Briggs.

Representative to "Canadian Nurse"—Miss A. Doré, 33 St. Famille Street, Montreal, Que. Regular Meeting—Second Friday.

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Conveners of Committees—Finance, D. W. Miller; Sick Visiting, Misses Buchanan and Garrick.

Representative to the "Canadian Nurse"—Miss M. Richards, Mansfield Street.

Regular monthly meeting first Thursday at 8 p.m.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO INCORPORATED 1908

President, Miss Ella Jamieson, 5 Summerhill Gardens, Toronto; First Vice-President, Miss K. Mathieson, Riverdale Hospital, Toronto; Second Vice-President, Miss Florence Potts, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Mary Irene Foy, 163 Concord Avenue, Toronto.

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Regular Meeting—First Tuesday of every second month.

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"Canadian Nurse" Representative—Miss C. P. Robinson.

Regular Meeting—First Tuesday of each month, 4 p.m.

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"Canadian Nurse" Representative—Miss Eva Dalgleish, 30 Garrett Street.

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The Association meets in the Nurses' Residence the first Wednesday in October; then the first Wednesday of each alternate month for the season.

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Regular Meeting—Third Monday, at 3 p.m.

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Secretary-Treasurer Sick Benefit—Miss A. Hurley.

Press Representative—Miss J. Gibson.

Regular Meeting—Second Monday of each month.

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Programme Committee—Miss S. Jackson, Convener.

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Treasurer Alumnae War Fund—Mrs. Valentine, 55 Lakeview Avenue, Toronto.

The Association meets First Friday each alternate month.

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Board of Directors—Misses Rowan, McKeon, Lindsay, Peraen, Lonsborough and Greer.

Regular Meeting—Second Tuesday, 8 p.m.

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Hon. President, Miss E. MacP. Dickson, Superintendent of Nurses, Toronto Free Hospital, Weston; President, Miss Frances Dean, 103 Baldwin Street, Toronto, Ont.; Vice-President, Miss Ursule Leroux, 51 Herbert Avenue, Toronto, Ont.; Secretary, Miss Rena L. Selby, Toronto Free Hospital, Weston; Treasurer, Miss J. K. Wilson, 110 Wells Street, Toronto; Press Representative, Miss E. Hawkins, Toronto Free Hospital.

Regular Meeting—First Friday in each month.

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Representatives to Central Registry—Mrs. A. W. McClennan and Mrs. W. J. Smither.

Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Regular Meeting—First Friday of each month.

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Representative on Central Registry—Miss M. Grant.

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Executive Committee—Misses H. Fagan, E. Cahill, H. Carroll, N. Finn and F. Clarke.

Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

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Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Meetings—First Tuesday in each month.

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Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p. m.

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

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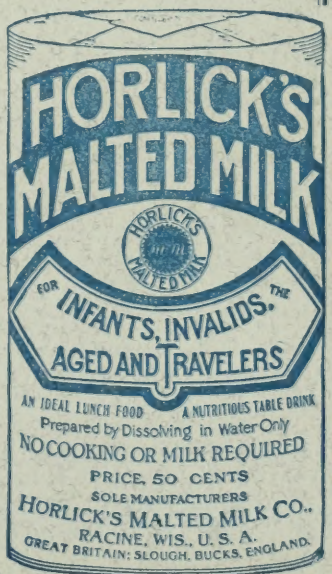

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